

DISBURSEMENT REQUESTS - MAINE POOLED DISABILITY TRUST

Name of Beneficiary: _____

Name, address and phone number of party requesting disbursement: _____

Disbursement Requested: _____

Amount of Disbursement _____

Name and mailing address of Party to Whom Payment is to be Made: _____

Other pertinent information: _____

ATTACH TO THIS FORM DOCUMENTATION TO SUPPORT THE REQUEST (receipt, itemization, estimate, etc.) The request cannot be considered without this information.

BY SIGNING THIS REQUEST, I HEREBY STATE THAT I BELIEVE THE DISBURSEMENT IS APPROPRIATE FOR THE BENEFICIARY, WILL SUPPLEMENT THE NEEDS OF THE BENEFICIARY, AND IS IN THE BEST INTERESTS OF THE BENEFICIARY. IF I AM SIGNING THIS FORM, AND I WORK FOR A STATE AGENCY, I AM SIGNING THIS DOCUMENT ON BEHALF OF SUCH AGENCY.

Date: _____

Signature of Requesting Party

Print name

Signature of beneficiary, certifying agreement to disbursement

DO NOT WRITE BELOW THIS LINE

Request Granted _____

Request Denied _____

Additional information needed: _____

RETURN FORM TO: Maine Pooled Disability Trust, P.O. Box 495, Kennebunkport, ME 04046-0495. Fax: (207) 967-5698; Phone: (207) 967-6072

PLEASE NOTE: TRUSTEES MEET THE THIRD FRIDAY OF EACH MONTH TO MAKE DISBURSEMENT DECISIONS. TO INSURE REVIEW AT THAT MEETING, PLEASE SUBMIT ALL DISBURSEMENT REQUESTS BY THE MONDAY BEFORE.